Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		NVS4307HIC		B. WING		01/2	; 1/2011	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		-	
GOLDEN A	ACRES 1			RTH CHRISTY LANE AS, NV 89110				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
H 000	Initial Comments			H 000				
	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility from 1/6/11 through 1/21/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two (2). Two (2) resident files were reviewed and two (2) employee files were reviewed. The following regulatory deficiencies were identified: Records of Residents-Address Family&Physician NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each		H 043					
	resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (b) The address and telephone number of the resident's physician and a person who is responsible for the resident.							

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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H 043	Continued From page 1			H 043					
	This Regulation is not met as evidenced by: Based on record review on 1/6/11, 2 of 2 resident files did not contain the address and telephone number of the resident's physician and a person who is responsible for the resident (Resident #1 and #2).								
H 044	44 Records of Residents-Copy of physical			H 044					
	NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and								
	Based on record revie not obtain a copy of a	ed by a physician on 2	y did						
H 050	Tuberculosis-Employ	ees		H 050					
	dependent and home	cal facilities, facilities fo is for individual resident cases and suspected							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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H 050	Continued From page 2		H 050				
	cases; surveillance are counseling and prevent. A case having tube considered to have tube facility or a facility for managed in accordant Centers for Disease Cadopted by reference subsection 1 of NAC 2. A medical facility, a home for individual maintain surveillance or home for tuberculo infection. The surveillance or home for individual recommendations of tuberculosis and prevention and prevention in a medical facility, a a home for individual a: (a) Physical examinate licensed physician that good health, is free frany other communications and (b) Tuberculosis screep receding 12 months, history of bacillus Cal vaccination. If the employee has of a 2-step Mantoux tuber 3-step Mantoux tuber	nd testing of employees ntive treatment. Proculosis or suspected of berculosis in a medical the dependent must be once with the guidelines of Control and Prevention in paragraph (h) of 441A.200. In facility for the dependence of employees of the fact is and tuberculosis ance of employees must not entire the Centers for Disease on for preventing the culosis in facilities proving the guidelines of the Control and Prevention in paragraph (h) of 441A.200. The procupation of the control and Prevention in paragraph (h) of 441A.200. The procupation of the dependence of the dependence of the culosis in facilities proving the control and Prevention in paragraph (h) of 441A.200. The person employees must be dependented on or certification from the dependence of the dependence of the person is in a state of the person is in a state of the dependence of the person is in a state of the dependence of the person is in a state of the person is in a st	ease e of the as ent or cility st be e ding as eyed ent or ave a te of and gious a step in the of the				

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	unless the medical dir designee or another lidetermines that the risappropriate for a lesse documents that deternexposure and correspexamination must be guidelines of the Cent Prevention as adopted (h) of subsection 1 of 4. An employee with a positive tuberculosis of from screening with stradiographs unless he suggestive of tubercu 5. A person who demote tuberculosis screening and preson with a positive tuberculosis screening to subsection 3 shall of sand medical evaluation of the Centers for Discontinuous prevention as adopted (g) of subsection 1 of 7. A medical facility of the medical facility of the medical facility of the medical facility designated an infection any pulmonary symptof tuberculosis are preson to tuberculosis are preson to tuberculosis are preson to tuberculosis are preson to tuberculosis are preson tuberculosis are preson to tuberculosis are preson to tuberculosis are preson tuberculosi	e annual tuberculosis e administered thereaft rector of the facility or hicensed physician sk of exposure is er frequency of testing mination. The risk of conding frequency of determined by following ters for Disease Control d by reference in paragonal NAC 441A.200. In a documented history of screening test is exempt kin tests or chest is edevelops symptoms losis. In constrates a positive go test administered pursubmit to a chest radiogon for active tuberculosis eventive treatment mustiff a positive tuberculosis experiment of pulmonary with a history of tuberculosis screening test shall infection control special infection control special for or other person in chiff the medical facility has no control specialist, whoms develop. If symptoms develops. If symptoms develops develops are develops. If symptoms develops develops are develops are develops. If symptoms develops develops are develops are develops are develops are develops. If symptoms develops are develops are develops are develops are develops are develops are develops. If symptoms develops are develops are develops are develops are develops are develops are develops. If symptoms develops are develops ar	and g the pl and graph of a bt suant graph is. t be sis nes graph ce of y ulosis l alist, large as not nen oms hall	H 050			

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GOLDEN A	ACRES 1			RTH CHRISTY LANE GAS, NV 89110					
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H 050	This Regulation is not met as evidenced by: Based on record review on 1/6/11, the facility failed to ensure that 2 of 2 employees complied with NAC 441A.375 regarding physical examination from a licensed physician that the person is in a state of good health. (Employee #1 and #2).			Н 050					
H 055	H 055 Tuberculosis-Residents			H 055					
	medical facilities, facilities, facilities, facilities, facilities, facilities, facilities, for individual respiratory isolation; counseling and prevent documentation. (NRS 1. Except as otherwise before admitting a period extended care, skilled care, the staff of the facilities care, the staff of the facilities and the staff of a facility for individual residential extended care, skilled care shall: (a) Before admitting a home, determine if the (1) Has had a cough (2) Has a cough whice (3) Has blood in his staff.	entive treatment; 3 441A.120) see provided in this section of a medical facility of a medical facility shall ensure that the person has been taked in a dependent, a hor care or a medical facility of the dependent, a hor care or a medical facility of a person to the facility of the person or intermediate a person to the facility of the person: for more than 3 weeks; the is productive; sputum;	or J; y for e a en acility. on, ne for y for e						

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Table North Christy Lane Las VeGas, NV 89110 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE H 055 Continued From page 5 H 055 (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted, if there is not a person qualified to administer the test in the facility or home when the patient is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has			NVS4307HIC	OTDEET + 22 = 2		TE 710 0005	01/2	1/2011
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CACCHECOTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE H 055 Continued From page 5 H 055 (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has	GOLDEN	ACRES 1				ANE		
(6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home	H 055	(6) Is experiencing ur (7) Has been in close has active tuberculos (b) Within 24 hours at person with a history (BCG) vaccination, is home, ensure that the screening test, unless qualified to administe home when the patient a person qualified to a facility or home when staff of the facility or hest is performed with person arrives at the days after the patient sooner. (c) If the person has a second to the screening had an initial tubercul facility or home shall a single tuberculosis screenin had an initial tubercul facility or home shall a single tuberculosis thereafter, unless the designee or another I determines that the riappropriate for a less documents that deter exposure and correspexamination must be guidelines as adopted (h) of subsection 1 of 3. A person with a dopositive tuberculosis from skin testing and	nexplained weight loss; contact with a person vis. Ifter a person, including of bacillus Calmette-Guadmitted to the facility experson has a tubercul is there is not a person on the test in the facility of the person is admitted. If there is administer the test in the the person is admitted nome shall ensure that ain 24 hours after a quant facility or home or within is admitted, whichever only completed the first ox tuberculin skin test will ding admission, ensure ond two-step Mantoux or other single-step greats. After a person housis screening test, the ensure that the person screening test annually medical director or his icensed physician sk of exposure is er frequency of testing mination. The risk of conding frequency of determined by following the person of determined by following the person of determined by following the person of a screening test is exemproutine annual chest	who a uerin or or losis or s not le the lified n 5 is step thin that as has and g the raph	H 055			

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H 055	annually for the presessymptoms of tubercul 4. If the staff of the farthat a person has had weeks and that he has ymptoms described subsection 2, the persection 2, the persection in guidelines of the Centre Prevention as adopte (h) of subsection 1 of health care provider of person has active tuberd to keep the person has active tuberd 5. If a test or evaluation have active tuberd 5. If a test or evaluation has suspected or active the facility or home of admitted, shall not allothe facility or home, unkeeps the person in reperson must be kept in health care provider of does not have active although the person in longer infectious. Anot certify that a person to infectious unless that sputum AFIB smears separate days. 6. If a test indicates the or will be admitted to tuberculosis, the staff ensure that the person	ence or absence of osis. cility or home determined a cough for more than a cough for more than s one or more of the otin paragraph (a) of son may be admitted to staff keeps the person a accordance with the ters for Disease Controld by reference in paragraph NAC 441A.200 until a determines whether the erculosis. If the staff is on in respiratory isolation it the person until a henes that the person documents.	ther the in of the in of and graph not on, ealth es on if of in to in in in in e e until a son a that, he is shall osis is r has gative on een active shall ease	H 055				

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GOLDEN	ACRES 1			GAS, NV 89110					
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H 055	Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 1/6/11, the facility failed to ensure 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #1 - missing an annual one-step		H 055						
H 065	TB skin test). Employee Backgroun	nd Check Requirements	5	H 065					
	NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or								

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPLI	
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H 065	contractor, the admin licensed to operate, a personal care service provide nursing in the intermediate care, a fresidential facility for gindividual residential (a) Obtain a written stor independent contrashe has been convict NRS 449.188. (b) Obtain an oral and information contained obtained pursuant to (c) Obtain from the ercontractor two sets of authorization to forwal Central Repository for Criminal History for structure and pursuant to 2. The administrator coperate, an agency to services in the home, nursing in the home, nursing in the home, care, a facility for groups or a residential care is not information described employee or independent provides proof that an criminal history within 6 months and the inverse.	ct with an independent istrator of, or the person an agency to provide as in the home, an agency in the home, a facility for racility for skilled nursing groups or a home for care shall: tatement from the emplactor stating whether he ed of any crime listed in different with the written statement paragraph (a); mployee or independent fingerprints and a writtent of the fingerprints to the repeated of the person license or for its report; and stral Repository for Nevel istory the fingerprints paragraph (c). Of, or the person license or provide personal care an agency to provide a facility for intermediated nursing, a residential home for individual arequired to obtain the din subsection 1 from a dent contractor who in investigation of his or een conducted by the reveals after the immediately precessing the intermediately precessing the provide and not indicate the stigation did not indicat	n cy to g, a oyee e or n f the nt teen e al ada ed to ee al n her	H 065			
	that the employee or	independent contractor y crime set forth in NRS	had				

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/G		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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H 065	Continued From page 9 449.188.			H 065			
		of, or the person license	ed to				
		provide personal care					
		an agency to provide					
	nursing in the home, a	a facility for intermediat	:e				
	care, a facility for skill	ed nursing, a residentia	al				
	facility for groups or a						
		ensure that the crimina	l				
	history of each employee or independent contractor who works at the agency or facility is						
		• •	· I				
	administrator or perso	once every 5 years. The	[*]				
	•	lity or home does not h	ave				
		employee or independ					
		ain two sets of fingerpri					
		independent contracto					
	(b) Obtain written auth	horization from the					
	employee or independ	dent contractor to forwa	ard				
		or obtained pursuant t	о				
	paragraph (a) to the C						
	Nevada Records of C	,					
		deral Bureau of Investig	gation				
	for its report; and (c) Submit the fingerp	rinto to the Control					
	` '	a Records of Criminal					
	History.	a records of Offitinal					
	•	gerprints submitted purs	suant				
		entral Repository for Ne					
		listory shall determine					
		e or independent contra	actor				
	has been convicted or	f a crime listed in NRS					
		ately inform the Health					
		inistrator of, or the pers					
		ne agency, facility or ho					
	·	orks whether the empl	•				
	•	actor has been convicte	ed of				
	such a crime.	Hamifan Newsyl - D	do of				
		itory for Nevada Recor	us of				
	agency, a facility or a	impose a fee upon an home that submits					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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H 065	Continued From page 10			H 065				
	facility or home may r or independent contra of the fee imposed by the agency, facility or employee or indepen- any part of the fee im Repository, it shall all independent contract through periodic payr	e investigation. The agrecover from the emploractor not more than one of the Central Repository home requires the dent contractor to pay for posed by the Central low the employee or or to pay the amount ments.	yee ∋-half /. If					
	This Regulation is not met as evidenced by: Based on record review on 1/6/11 the facility failed to ensure 2 of 2 employees complied with background check requirements per NRS 449.176 (Employee #1 - missing FBI and State background check reports and Employee #2 - missing FBI background check report).							